

**ALASKA LEGISLATURE COMMITTEE FILES 1993-1994 8672**

**8322 SENATE JUDICIARY**

Proposed Legislation	Existing Statutes	Comments
<p>(a) Except as provided in <u>AS 21.36.305</u> [AS 21.36.420], if the renewal premium is increased more than 10 percent for a reason other than an increase in coverage or exposure base, or if after renewal there will be a material restriction or reduction in coverage not specifically requested by the insured, written notice shall be mailed to the insured and to the agent or broker of record as required by AS 21.36.260</p>	<p>(a) Except as provided in AS 21.36.420, if the renewal premium is increased more than 10 percent for a reason other than an increase in coverage or exposure base, or if after renewal there will be a material restriction or reduction in coverage not specifically requested by the insured, written notice shall be mailed to the insured and to the agent or broker of record as required by AS 21.36.260</p>	
<p>(1) at least 20 days before expiration of a personal insurance policy; or</p>	<p>(1) at least 20 days before expiration of a personal insurance policy; or</p>	
<p>(2) at least 45 days before expiration of a business or commercial policy.</p>	<p>(2) at least 45 days before expiration of a business or commercial policy.</p>	
<p>* Sec. 51. AS 21.36.290 is amended to read:</p>		<p>This amendment recognizes that the addition of subsection (b) in Section 52 is an exception to this subsection (a).</p>
<p>Sec. AS 21.36.290. POLICY PERIOD. <u>Except as described in (b) of this section, a [A] policy with a policy period or term of less than 12 months shall, for the purposes of AS 21.36.210 - 21.36.310, be considered to be written for a policy period or term of 12 months except in case of cancellation under any of the circumstances specified in AS 21.36.210, and a policy written for a term longer than one year or a policy with no fixed expiration date shall be considered to be written for successive policy periods or terms of one year and termination by an insurer effective on an anniversary date of the policy shall be considered a failure to renew.</u></p>	<p>SECTION 21.36.290. POLICY PERIOD A policy with a policy period or term of less than 12 months shall, for the purposes of AS 21.36.210 - 21.36.310 be considered to be written for a policy period or term of 12 months except in case of cancellation under any of the circumstances specified in AS 21.36.210, and a policy written for a term longer than one year or a policy with no fixed expiration date shall be considered to be written for successive policy periods or terms of one year and termination by an insurer effective on an anniversary date of the policy shall be considered a failure to renew.</p>	
<p>* Sec. 52. AS 21.36.290 is amended to read:</p>		<p>The amendment to this section clarifies that rate changes may be applied at the renewal date for personal auto policies which are written for a term of at least six months. Policies written for a period of less than six months are treated as six month policies.</p>

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<p>(b) For determining the appropriate rate or premium, a personal automobile insurance policy with a policy period or term of less than six months shall, for the purposes of AS 21.36.210 - 21.36.310, be considered to be written for a policy period or term of six months.</p>		
<p>* Sec. 53. AS 21.36 is amended by adding a new section to read:</p>		<p>The addition to Chapter 36 of a new section is to move language from the existing AS 21.36.420 which is being deleted. This move is made to clarify some of the limitations existing in statute, and to locate the section in a more logical place. There are additions to this section to clarify that a surcharge may be applied on an auto policy where the insured has pleaded no contest to a moving violation, and to specify that any surcharge or premium increase may not be applied until the renewal date of the policy. The definitions section is not moved because the move to section AS 21.36.305 allowed the application of the definition of "personal automobile insurance" currently in AS 21.36.310.</p>
<p>Sec. 21.36.305. PREMIUM INCREASES ON PERSONAL AUTOMOBILE INSURANCE POLICIES. (a) An insurer may not increase the premium on a personal automobile insurance policy unless the increase applies to all insureds of the same class.</p>		
<p>(b) An insurer may not increase the premium or add a surcharge to a personal automobile insurance policy because of the issuance of a citation for a moving traffic violation unless the insured or another person who resides in the insured's household and is covered by the policy has been convicted of the violation or has entered a plea of no contest to the violation.</p>		
<p>(c) The director shall adopt regulations to determine circumstances under which an insurer may increase the premium or add a surcharge to a personal automobile insurance policy.</p>		

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(d) An insurer that increases the premium or adds a surcharge to a personal automobile insurance policy may only make the increase or surcharge effective on the renewal date of the policy.		
(e) An insurer that increases the premium or adds a surcharge to a personal automobile insurance policy shall give written notice of the increase or surcharge at least 20 days before it takes effect, stating the reason for the change and the right of appeal under AS 21.39.090. This subsection does not apply to a		
(1) premium increase resulting from a change requested by an insured, if the insured is notified at the time the request is made that the amount of the insured's premium will change as a result of the requested policy change; or		
(2) rate approved by the director if the insurer gives written notice of a premium increase to the insured at least 20 days before the renewal date of the affected policy.		
* Sec. 54. AS 21.36 360(i) is amended to read:		Amendment to this subsection is primarily editorial in nature and clarifies application of this subsection to all persons including risk retention groups and purchasing groups.
(i) A criminal insurance act is committed by <u>a person [AN INSURER] doing business in this state or relative to a subject resident, located, or to be performed in this state</u> who knowingly	(i) A criminal insurance act is committed by an insurer doing business in this state who knowingly	

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<p>(1) writes, places, or causes to be written or placed in this state <u>or relative to a subject resident, located, or to be performed in this state</u> a policy, duplicate policy, or contract of insurance of any kind or character, or general or floating policy upon persons or property resident, situated, or located in this state, from or through a <u>person not authorized to transact business under AS 21.27 or a risk retention group or purchasing group not registered under AS 21.89.070 [BROKER, AGENT, SURPLUS LINE BROKER, OR PERSON WHO HAS NOT SECURED A GENERAL AGENT LICENSE IN THIS STATE];</u> or</p>	<p>(1) writes, places, or causes to be written or placed in this state a policy, duplicate policy, or contract of insurance of any kind or character, or general or floating policy upon persons or property resident, situated, or located in this state, from or through a broker, agent, surplus line broker, or person who has not secured a general agent license in this state; or</p>	
<p>(2) pays a commission or <u>other</u> form of remuneration to a person, firm, or organization for the writing or placing of insurance coverage in this state <u>or relative to a subject resident, located, or to be performed in this state</u> unless that person, firm, or organization is authorized under <u>AS 21.27 to transact [HOLDS A LICENSE ISSUED BY THE DIRECTOR FOR] the kind or class of insurance written or placed, or, in the case of a risk retention group or purchasing group, is registered under AS 21.89.070.</u></p>	<p>(2) pays a commission or form of remuneration to a person, firm, or organization for the writing or placing of insurance coverage in this state unless that person, firm, or organization holds a license issued by the director for the kind of insurance written or placed.</p>	
<p>* Sec. 55. AS 21.36.360(j) is amended to read:</p>		<p>Amendment to this subsection is primarily editorial in nature and clarifies application of this subsection to current license types and risk retention groups and purchasing groups.</p>

Proposed Legislation	Existing Statutes	Comments
<p>(j) A criminal insurance act is committed by a person in this state <u>or relative to a subject resident, located, or to be performed in this state</u> who acts as an insurance <u>producer, managing general agent, third party administrator, reinsurance intermediary broker, reinsurance intermediary manager, surplus lines broker [SOLICITOR], or independent</u> adjuster without being licensed by the director <u>as required under AS 21 or as a risk retention group or purchasing group without being registered as required under AS 21.89.070</u>. A criminal insurance act is committed by an <u>insurance producer, managing general agent, third party administrator, reinsurance intermediary broker, reinsurance intermediary manager, or surplus lines broker [OR SOLICITOR]</u> who solicits or takes application for, procures, or places for others any insurance for which the person is not licensed <u>as required under AS 21.27</u> or for which the license of the person has been suspended or revoked. <u>A criminal insurance act is committed by a person in this state or relative to a subject resident, located, or to be performed in this state who acts as or on behalf of a risk retention group or a purchasing group that is not registered under AS 21.89.070 [THIS SUBSECTION DOES NOT APPLY TO A PERSON DESCRIBED IN AS 21.90.910 OR TO A PERSON SECURING AND FORWARDING INFORMATION REQUIRED FOR THE PURPOSE OF A GROUP INSURANCE COVERING THE UNPAID BALANCE OR REMAINING PAYMENTS PROPOSED TO BE MADE IN CONNECTION WITH THE PURCHASE OF MERCHANDISE OR SERVICES IF NO COMMISSION OR OTHER COMPENSATION IS PAYABLE ON ACCOUNT OF THE INSURANCE TO THE PERSON].</u></p>	<p>(j) A criminal insurance act is committed by a person in this state who acts as an insurance agent, broker, solicitor, or adjuster without being licensed by the director. A criminal insurance act is committed by an agent, broker, or solicitor who solicits or takes application for, procures, or places for others any insurance for which the person is not licensed or for which the license of the person has been suspended or revoked. This subsection does not apply to a person described in AS 21.90.910 or to a person securing and forwarding information required for the purpose of a group insurance covering the unpaid balance or remaining payments proposed to be made in connection with the purchase of merchandise or services if no commission or other compensation is payable on account of the insurance to the person.</p>	
<p>* Sec. 56. AS 21.36.360(k) is amended to read:</p>		<p>Amendment to this subsection is primarily editorial in nature and updates this subsection of the Trade Practices and Frauds chapter to correctly reflect current license types and risk retention groups and purchasing groups.</p>

Proposed Legislation	Existing Statute:	Comments
<p>(k) A criminal insurance act is committed by an <u>insurance producer, managing general agent, [GENERAL AGENT,] third-party administrator, reinsurance intermediary broker, reinsurance intermediary manager, or surplus lines broker [OR SOLICITOR]</u> who knowingly compensates or offers to compensate in any manner a person other than an <u>insurance producer, managing [AGENT,] general agent, third-party administrator, reinsurance intermediary [OR SOLICITOR]</u> licensed <u>as required under this title</u> in this or another <u>jurisdiction [STATE OR PROVINCE]</u>, for procuring or in any manner helping to procure applications for or to place insurance in this state. <u>A criminal insurance act is committed by a person in this state of relative to a subject resident, located, or to be performed in this state who acts as or on behalf of a risk retention group or a purchasing group that is not registered under AS 21.89.070 [THIS SUBSECTION DOES NOT APPLY TO THE PAYMENT OF COMPENSATION THAT IS NOT CONTINGENT UPON VOLUME OF BUSINESS TRANSACTED IN THE FORM OF SALARIES TO THE REGULAR EMPLOYEES OF THE AGENT, GENERAL AGENT, BROKER, OR SOLICITOR].</u></p>	<p>(k) A criminal insurance act is committed by an agent, general agent, broker, or solicitor who knowingly compensates or offers to compensate in any manner a person other than an agent, general agent, broker, or solicitor licensed in this or another state or province, for procuring or in any manner helping to procure applications for or to place insurance in this state. This subsection does not apply to the payment of compensation that is not contingent upon volume of business transacted in the form of salaries to the regular employees of the agent, general agent, broker, or solicitor.</p>	
<p>* Sec. 57. AS 21.36.360(n) is amended to read:</p>		<p>Amendment to this subsection is primarily editorial in nature and correctly reflects current license types.</p>
<p>(n) A criminal insurance act is committed by an agent, <u>managing general agent, third party administrator, reinsurance intermediary broker, reinsurance intermediary manager,</u> or other representative of an insurer involved in the procuring or issuance of an insurance contract who intentionally fails to report to the insurer the exact amount of consideration charged as premium for the contract and to maintain records showing that information.</p>	<p>(n) A criminal insurance act is committed by an agent or other representative of an insurer involved in the procuring or issuance of an insurance contract who intentionally fails to report to the insurer the exact amount of consideration charged as premium for the contract and to maintain records showing that information.</p>	

Proposed Legislation	Existing Statutes	Comments
* <b>Sec. 58.</b> AS 21.36.380 is amended to read:		Amendment to this section is primarily editorial in nature and clarifies that false statements made in regard to claims may result in prosecution under Alaska law.
<p>Sec. 21.36.380. NOTICE ON CLAIM FORM. A claim form must contain a statement that states in substance the following: "A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information <u>may be prosecuted under state law [IS GUILTY OF A FELONY].</u>" A lack of the statement on a claim form does not constitute a defense to prosecution under this title.</p>	<p>SECTION 21.36.380. NOTICE ON CLAIM FORM. A claim form must contain a statement that states in substance the following: "A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony." A lack of the statement on a claim form does not constitute a defense to prosecution under this title.</p>	
* <b>Sec. 59.</b> AS 21.39.040 is amended by adding new subsections to read:		The amendment to this section is by adding two new subsections. Subsection (j) allows insurers who have applied for a certificate of authority and who have filed their policy forms with the division to file their requested rates with the division, before the certificate of authority has been granted. Subsection (k) specifically authorizes the director to adopt regulations regarding the format and content of rate filings.
(j) An insurer who has submitted an application for a certificate of authority under AS 21.09.110 and a filing of policy forms under AS 21.42.120 may file a proposed rating system as described in this section. The director's approval of the rating system is contingent upon the issuance of a certificate of authority under AS 21.09.120.		
(k) The director may adopt regulations detailing the format and content of a rating system filing under this section.		
* <b>Sec. 60.</b> AS 21.39 is amended by adding a new section to read:		The addition of a new subsection provides that when a certificate of authority is surrendered or not continued, any approvals of rate filings are automatically cancelled unless affirmed by the director.

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<p>Sec. 21.39.055. CANCELLATION OF APPROVED FILING. The voluntary surrender of a certificate of authority or the failure of the surrendering admitted foreign insurer to continue a certificate of authority in force has the effect of cancelling an approval that the insurer may have received under this chapter, unless the approval has been affirmed by the director at the time of the surrender or noncontinuation of the certificate of authority.</p>		
<p>* Sec. 61. AS 21.42.120 is amended by adding new subsections to read:</p>		<p>The amendment to this section is by adding three new subsections. Subsection (f) excludes credit insurance forms from this section (since they are covered in AS 21.57.080). Subsection (g) allows insurers who have applied for a certificate of authority to file their requested policy forms with the division, before the certificate of authority has been granted. Subsection (h) specifically authorizes the director to adopt regulations regarding the format and content of form filings.</p>
<p>(f) This section does not apply to types of insurance subject to AS 21.57.</p>		
<p>(g) An insurer who has submitted an application for a certificate of authority under AS 21.09.110 may file proposed policy forms as described in this section. The director's approval of the policy form is contingent upon the issuance of a certificate of authority under AS 21.09.120.</p>		
<p>(h) The director may adopt regulations detailing the format and content of filings of a policy form under this section.</p>		
<p>* Sec. 62. AS 21.42.345 is amended by adding a new subsection to read:</p>		<p>Amendment is primarily editorial in nature and clarifies that the mandatory offer of coverage for newborn or adoptive children applies to all parents.</p>

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<p>(b) An insurer authorized under AS 21.09 to offer, issue for delivery, deliver, or renew an individual or group disability insurance policy for medical coverage on an expense incurred basis in the state, or a hospital or medical service corporation authorized under AS 21.87 to offer or renew an individual or group subscriber's contract for medical coverage in the state, shall offer coverage for family members, including newly born children, adopted children, or children placed for adoption and is subject to the conditions in (a) of this section, regardless of the marital status of the covered person.</p>		
<p>* Sec. 63. AS 21.57.010 is amended to read:</p>		<p>This is an editorial change to change the reference from credit life and disability insurance to consumer credit insurance.</p>
<p>Sec. AS 21.57.010. PURPOSE. The purpose of this chapter is to promote the public welfare by regulating consumer credit [LIFE INSURANCE AND CREDIT DISABILITY] insurance. Nothing in this chapter is intended to prohibit or discourage reasonable competition. The provisions of this chapter shall be liberally construed.</p>	<p>SECTION 21.57.010. PURPOSE. The purpose of this chapter is to promote the public welfare by regulating credit life insurance and credit disability insurance. Nothing in this chapter is intended to prohibit or discourage reasonable competition. The provisions of this chapter shall be liberally construed.</p>	
<p>* Sec. 64. AS 21.57.020 is repealed and reenacted to read:</p>		<p>This broadens the scope of this chapter to include credit insurance on all loans except for ones secured by a first mortgage. The restriction of this chapter in the existing law to loans of less than \$5000 for periods of less than 5 years has been eliminated.</p>

Proposed Legislation	Existing Statutes	Comments
<p>Sec. 21.57.020. <b>APPLICABILITY.</b> All consumer credit insurance transacted in connection with a credit transactions for a personal, household, or family purpose is subject to the provisions of this chapter except</p>	<p><b>SECTION 21.57.020. APPLICABILITY.</b> All life insurance and all disability insurance in connection with loans or other credit transactions shall be subject to the provisions of this chapter except insurance in connection with a loan or other credit transaction of five years or more duration involving a loan or other credit transaction that exceeds \$5,000; insurance may not be subject to the provisions of this chapter if the issuance of the insurance is an isolated transaction on the part of the insurer not related to an agreement or a plan for insuring debtors of the creditor.</p>	
<p>(1) insurance written in connection with a credit transaction that is</p>		
<p>(A) secured by a first mortgage or first deed of trust; and</p>		
<p>(B) made to finance the purchase of real property, the construction of a dwelling, or to refinance a prior credit transaction made for that purpose;</p>		
<p>(2) an isolated insurance transaction by the insurer not related to an agreement or a plan for insuring debtors of the creditor; or</p>		
<p>(3) insurance for which no identifiable charge is made to the debtor.</p>		
<p>* <b>Sec. 65.</b> AS 21.57.030 is repealed and reenacted to read:</p>		<p>This allows the defined types of credit insurance (credit life, disability, and unemployment) be written separately or combined in a package.</p>
<p>Sec. AS 21.57.030. <b>AUTHORIZED TYPES OF CONSUMER CREDIT INSURANCE.</b> Each type of consumer credit insurance defined in AS 21.57.160 may be written separately or in combination with other types of consumer credit insurance on an individual or group basis.</p>	<p><b>SECTION 21.57.030. FORMS OF CREDIT LIFE INSURANCE AND CREDIT DISABILITY INSURANCE.</b> Credit life insurance and credit disability insurance shall be issued only in the following forms:</p>	

Proposed Legislation	Existing Statutes	Comments
	(1) individual policies of life insurance issued to debtors on the term plan;	
	(2) individual policies of disability insurance issued to debtors on a term plan or disability provisions in individual life policies to provide the coverage;	
	(3) group policies of life insurance issued to creditors providing insurance upon the lives of debtors on the term plan;	
	(4) group policies of disability insurance issued to creditors on a term plan insuring debtors, or disability provisions in group life policies to provide the coverage.	
<p>* Sec. 66. AS 21.57.040 is repealed and reenacted to read:</p>		<p>This section gives a detailed description of the amount of credit life insurance that may be written in different situations. In general, the amount of credit insurance may be no more than the balance of the loan. The existing law allows the amount of credit life insurance to equal the balance of the loan plus all unearned finance charges. The amount of credit disability or unemployment insurance may equal the total of the unpaid installments of the loan.</p>
<p>Sec. AS 21.57.040. AMOUNT OF CONSUMER CREDIT INSURANCE. (a) The amount of coverage for credit life insurance payable at the time of loss</p>	<p>SECTION 21.57.040. AMOUNT OF CREDIT LIFE INSURANCE AND CREDIT DISABILITY INSURANCE. (a) The initial amount of credit life insurance may not exceed the total amount repayable under the contract of indebtedness and, if an indebtedness is repayable in substantially equal installments, the amount of insurance shall at no time exceed the scheduled or actual amount of unpaid indebtedness, whichever is greater; except that agricultural loans not exceeding one year may be written up to the amount of the loan commitment on a nondecreasing or level term plan.</p>	

Proposed Legislation	Existing Statutes	Comments
(1) may not exceed the greater of the actual net debt or the scheduled net debt, except insurance on an		
(A) agricultural credit transaction commitment, not exceeding one year in duration, may be written up to the amount of the loan commitment on a nondecreasing or level term plan; and		
(B) educational credit transaction commitment may be written for the net outstanding balance plus any unused commitment;		
(2) may not be less than the actual net debt less any payments more than two months overdue if the coverage is written on the actual outstanding net debt;		
(3) may not exceed the following if the coverage is written on the scheduled outstanding net debt:		
(A) the scheduled net debt if the actual net debt is less than or equal to the scheduled net debt;		
(B) the actual net debt if the actual net debt is greater than the scheduled net debt but less than or equal to the scheduled net debt plus two months of payments; or		
(C) the scheduled net debt plus two months of payments if the actual net debt is greater than the scheduled net debt plus two months of payments;		
(4) must equal the actual net debt on the date of death if a premium is assessed to the debtor on a monthly basis and is based on the actual net debt; and		
(5) may be less than the net debt when the partial coverage is calculated using one of the following:		

Proposed Legislation	Existing Statutes	Comments
(A) the amount of insurance is the lesser of a stated amount and the amount determined by (2) of this subsection;		
(B) the amount of insurance is the lesser of a stated amount and the amount determined by (3) of this subsection;		
(C) the amount of insurance is a constant percentage of the amount determined by (2) or (3) of this subsection; or		
(D) in the absence of any preexisting condition exclusion, the amount of insurance payable in the event of death due to natural causes is limited to the balance as it existed six months prior to the date of death if:		
(i) there has been at least one increase in the outstanding balance during that six-month period, other than an increase due to the accrual of interest or late charges; and		
(ii) evidence of individual insurability has not been required during that six-month period.		
(b) The director may provide for other patterns of insurance consistent with (a) of this section by regulation.	(b) The total amount of periodic indemnity payable by credit accident and health insurance in the event of disability, as defined in the policy, may not exceed the aggregate of the periodic scheduled unpaid installments of the indebtedness; and the amount of each periodic indemnity payment may not exceed the original indebtedness divided by the number of periodic installments.	

Proposed Legislation	Existing Statutes	Comments
<p>(c) The total amount of periodic indemnity payable in the event of disability or unemployment, as defined in the policy, may not exceed the sum of the periodic scheduled unpaid installments of the gross debt. The amount of each periodic indemnity payment may not exceed the original gross debt divided by the number of periodic installments.</p>		
<p>(d) If credit disability insurance or credit unemployment insurance is written in connection with an open-end consumer credit agreement, the amount of insurance may not exceed the gross debt that would accrue on the amount using the creditor's minimum repayment schedule. The periodic indemnity need not relate to the creditor's minimum repayment schedule.</p>		
<p>* Sec. 67. AS 21.57.050 is repealed and reenacted to read:</p>		<p>This section explains when a credit insurance policy may become effective in different situations, and how long the insurance may extend beyond the date the loan is paid. It also specifies that if the insurance is terminated before the scheduled termination date, the debtor is entitled to a refund.</p>

Proposed Legislation	Existing Statutes	Comments
<p>Sec. AS 21.57.050. DURATION OF COVERAGE. (a) The effective date of coverage for</p>	<p>SECTION 21.57.050. TERM OF CREDIT LIFE INSURANCE AND CREDIT DISABILITY INSURANCE. The term of credit life insurance or credit disability insurance shall, subject to acceptance by the insurer, commence on the date when the debtor becomes obligated to the creditor; except that, if a group policy provides coverage with respect to existing obligations, the insurance on a debtor with respect to the indebtedness shall commence on the effective date of the policy. If evidence of insurability is required and the evidence is furnished more than 30 days after the date the debtor becomes obligated to the creditor, the term of the insurance may commence on the date on which the insurance company determines the evidence to be satisfactory, and in that event there shall be an appropriate refund or adjustment of any charge to the debtor for insurance. The term of the insurance may not extend more than 15 days beyond the scheduled maturity date of the indebtedness except when extended without additional cost to the debtor. If the indebtedness is discharged due to renewal or refinancing before the scheduled maturity date, the insurance in force shall be terminated before any new insurance may be issued in connection with the renewed or refinanced indebtedness. In all cases of termination before scheduled maturity, a refund shall be paid or credited as provided in AS 21.57.090.</p>	
<p>(1) consumer credit insurance that is elected by the debtor before or contemporaneous with a credit transaction, the date when the debtor becomes obligated to the creditor, except that when evidence of individual insurability is required and the evidence is furnished more than 30 days after the date when the debtor becomes obligated to the creditor, the effective date may be the date on which the insurance company determines the evidence to be satisfactory;</p>		

Proposed Legislation	Existing Statutes	Comments
<p>(2) insurance coverage that is elected by the debtor on a date subsequent to the date of the credit transaction is, subject to acceptance by the insurer, a date not earlier than the date the election is made by the debtor or later than 30 days following the date on which the insurer accepts the risk for coverage; an insurer shall determine if a risk is acceptable by an objective method, including one related to a particular date within a billing or repayment cycle or a calendar month; and</p>		
<p>(3) a group policy that provides coverage with respect to a debt existing on the policy effective date, must be on or after the effective date of the group policy.</p>		
<p>(b) A charge for insurance may not be made to the debtor and retained by the creditor or insurer for any time before commencement of the consumer credit insurance to which the charge is related.</p>		
<p>(c) The duration of coverage for consumer credit insurance may not extend</p>		
<p>(1) beyond the termination date specified in the policy; the termination date of insurance may precede, coincide with, or follow the scheduled maturity date of the debt to which it relates, subject to any other requirements and restrictions of this chapter; and</p>		
<p>(2) more than 15 days beyond the scheduled maturity date of the debt except when extended</p>		
<p>(A) without additional cost to the debtor; or</p>		
<p>(B) under a written agreement signed by the debtor, in connection with a variable interest rate credit transaction or a deferral, renewal, refinancing, or consolidation of debt.</p>		

Proposed Legislation	Existing Statutes	Comments
<p>(d) If the debt is discharged due to renewal, refinancing, or consolidation before the scheduled termination date of the insurance, insurance in force must be terminated before new insurance may be written in connection with the renewed, refinanced, or consolidated debt.</p>		
<p>(e) If insurance coverage terminates before the scheduled termination of such insurance, the insurer shall make an appropriate refund or credit to the debtor. The refund or credit must consist of the unearned insurance charge paid by the debtor for insurance at the date of the termination, except that a refund is not required of a charge made for insurance if the insurance is terminated by performance of the insurer's obligation with respect to the insurance.</p>		
<p>(f) An insured debtor may terminate consumer credit insurance at any time by providing advance notice to the insurer. The individual policy or group certificate may require that notice be in writing or that the debtor surrender the individual policy or group certificate, or both. The debtor's right to terminate coverage may also be subject to the terms of the credit transaction contract.</p>		

Proposed Legislation	Existing Statutes	Comments
<p>* Sec. 68. AS 21.57 is amended by adding a new section to read:</p>		<p>This is a new section detailing specific disclosures that must be made to debtors before a credit insurance policy may be sold, and the manner and time that the disclosures must be made. The disclosures that must be made include: 1) that the purchase of credit insurance is optional, and not required to obtain the loan, 2) whether or not the debtor is able to select which types of consumer credit insurance to purchase, or whether the types are only sold as a package, 3) who is eligible for the credit insurance, 4) the fact that the debtor may not need or want credit insurance if they have other insurance, 5) the fact that the debtor has a 30 day free look during which time they can cancel the policy without charge, 6) a description of the coverage provided, 7) any finance charge to be applied to the premium, and 8) whether or not the benefits of the policy are sufficient to pay off the debt in full in the event of a claim.</p>
<p>Sec. AS 21.57.055. DISCLOSURE TO DEBTORS. (a) Before a debtor elects to purchase consumer credit insurance in connection with a credit transaction, the insurer shall disclose the following in writing to the debtor:</p>		
<p>(1) the purchase of consumer credit insurance is optional and not a condition of obtaining credit approval;</p>		
<p>(2) if more than one kind of consumer credit insurance is being made available to the debtor, whether the debtor can purchase the insurance separately or the multiple coverage only as a package;</p>		
<p>(3) the conditions of eligibility;</p>		
<p>(4) if the debtor has other insurance that covers the risk, the debtor may not want or need credit insurance;</p>		

Proposed Legislation	Existing Statutes	Comments
(5) if the creditor requires consumer credit insurance as additional security for a debt, the debtor has the option of furnishing the required amount of insurance through existing policies owned or procured by the debtor or of procuring and furnishing the required insurance through an insurer authorized to transact an insurance business in this state;		
(6) the effective date of the coverage;		
(7) the debtor may cancel the coverage within the first 30 days after receiving the individual policy or group certificate and have a premium paid by the debtor refunded or credited; thereafter, the debtor may cancel the policy at any time during the term of the loan and receive a refund of unearned premium;		
(8) a brief description of the coverage, including		
(A) the amount		
(B) the term;		
(C) any exceptions, limitations, or exclusions;		
(D) the insured event;		
(E) any waiting or elimination period;		
(F) any deductible;		
(G) any applicable waiver of premium provision;		
(H) to whom the benefits would be paid; and		
(I) the premium rate for each coverage or for multiple coverage in a package;		

Proposed Legislation	Existing Statutes	Comments
(9) if the premium or insurance charge is financed, it will be subject to finance charges at the rate applicable to the credit transaction or at another specified rate; and		
(10) whether or not the benefits provided are sufficient to pay off the debt in full, including finance charges unearned at the time of the claim.		
(b) The disclosure required in (a) of this section shall be provided in the following manner:		
(1) in connection with consumer credit insurance offered contemporaneously with the extension of credit or offered through direct mail advertisements, the disclosure shall be presented to the consumer in a clear and conspicuous manner; or		
(2) in conjunction with the offer of credit insurance subsequent to the extension of credit by other than direct mail advertisements, the initial disclosure may be provided orally as long as written disclosure is provided to the debtor no later than 10 days after the offer or the date any other written material is provided to the debtor, whichever occurs first.		
(c) If the debtor elects to purchase coverage, the delivery of the disclosure required in (b) of this section shall be acknowledged by the debtor at the time of delivery, and the insurer shall maintain the debtor's written acknowledgement for at least five years.		
* Sec. 69. AS 21.57 060 is repealed and reenacted to read:		This section lists required policy provisions that must be specified on the individual policy or certificate of insurance. Most of these provisions are not significantly changed from the current law. There are new requirements for the policy to clearly specify: 1) how refunds will be calculated in the event of policy termination, and 2) whether or not the credit insurance benefits are sufficient to pay of the loan in the event of death, disability, and unemployment.

Proposed Legislation	Existing Statutes	Comments
<p>Sec. AS 21.57.060. PROVISIONS OF POLICIES AND CERTIFICATES OF INSURANCE. (a) All consumer credit insurance shall be evidenced by an individual policy or a group certificate of insurance.</p>	<p>SECTION 21.57.060. PROVISIONS OF POLICIES AND CERTIFICATES OF INSURANCE. (a) All credit life insurance and credit disability insurance shall be evidenced by an individual policy, or in the case of group insurance by a certificate of insurance, which individual policy or group certificate of insurance shall be delivered to the debtor.</p>	
<p>(b) The individual policy or group certificate must, in addition to other requirements of law, set forth</p>	<p>(b) Each individual policy or group certificate of credit life insurance, and credit disability insurance must, in addition to other requirements of law, set out the name and home office address of the insurer, and the identity by name or otherwise of the person or persons insured, the rate of amount of payment, if any, by the debtor separately in connection with credit life insurance and credit disability insurance, a description of the amount, term, and coverages including exceptions, limitations, or restrictions, and must state that the benefits shall be paid to the creditor to reduce or extinguish the unpaid indebtedness and, if the amount of insurance exceeds the unpaid indebtedness, that any excess shall be payable to a beneficiary, other than the creditor, named by the debtor, or to the debtor's estate.</p>	
<p>(1) the name and home office address of the insurer;</p>		
<p>(2) the name of the debtor;</p>		
<p>(3) the premium to be paid by the debtor disclosed separately for each kind of coverage or for all coverage in a package, except that for open-ended loans, the premium rate and the basis of premium calculation must be specified;</p>		
<p>(4) a full description of the coverage including the amount, the term, and any exceptions, limitations, or exclusions;</p>		

Proposed Legislation	Existing Statutes	Comments
<p>(5) a statement that the benefits shall be paid to the creditor to reduce or extinguish the unpaid debt and that, whenever the amount of insurance benefit exceeds the unpaid debt, the excess will be payable to the debtor, a beneficiary other than the creditor named by the debtor, or the debtor's estate;</p>		
<p>(6) an explanation of how refunds are calculated in the event of policy termination; and</p>		
<p>(7) if the benefit is not adequate to completely pay off the debt existing on the date of death or disability, a statement to that effect on the face of the individual policy or group certificate in not smaller than 10 point, bold face type.</p>		
<p>* <b>Sec. 70.</b> AS 21.57.070 is repealed and reenacted to read:</p>		<p>This section makes mostly editorial changes to the requirements regarding when the policy or certificate must be delivered to the debtor and what must be included on it. It also adds a requirement that the debtor be given a 30 day free look period to review the policy. If the debtor decides within the 30 days that they don't want the policy, they are entitled to a full refund.</p>

Proposed Legislation	Existing Statutes	Comments
<p>Sec. 21.57.070. REQUIREMENTS FOR EVIDENCE OF INSURANCE. (a) Unless the individual policy or group certificate of insurance is delivered to the debtor at the time the debt is incurred or when the debtor elects to purchase coverage, a copy of the application for the policy or a notice of proposed insurance, signed by the debtor and setting out (1) the name and home office address of the insurer, (2) the name of the debtor, (3) the premium rate to be paid by the debtor for the insurance, and (4) the amount, term, and a brief description of the coverage provided, shall be delivered to the debtor at the time the debt is incurred or the election to purchase coverage is made. The copy of the application for or notice of proposed insurance must refer exclusively to insurance coverage and must be separate and apart from the loan, sale, other credit statement of account, instrument, or agreement, unless the information required by this subsection is prominently set out in it. Upon acceptance of the insurance by the insurer and within 30 days of the date upon which the debt is incurred or the election to purchase coverage is made, the insurer shall deliver the individual policy or group certificate of insurance to the debtor. The application or notice of proposed insurance must state that upon acceptance by the insurer, the insurance shall become effective as provided in AS 21.57.050(a).</p>	<p>SECTION 21.57.070. DELIVERY OF POLICY OR CERTIFICATE. (a) The individual policy or group certificate of insurance shall be delivered to the insured debtor at the time the indebtedness is incurred except as provided in (b) and (c) of this section.</p>	

Proposed Legislation	Existing Statutes	Comments
<p>(b) The application or notice of proposed insurance may be used to fulfill all of the requirements of AS 21.57.055(a) and 21.57.060(b) if it contains all of the information required by those subsections.</p>	<p>(b) If the individual policy or group certificate of insurance is not delivered to the debtor at the time the indebtedness is incurred, a copy of the application for the policy or a notice of proposed insurance, signed by the debtor and setting out the name and home office address of the insurer, the name or names of the debtor, the amount of payment by the debtor separately in connection with credit life insurance and credit disability insurance coverage, and a brief description of the coverage provided or to be provided, shall be delivered to the debtor at the time the indebtedness is incurred. The copy of the application for or notice of proposed insurance must refer exclusively to insurance coverage, and must be separate and apart from the loan, sale, or other credit statement of account, instrument or agreement, unless the information required by this section is prominently set out in it. Upon acceptance of the insurance by the insurer and within 30 days of the date upon which the indebtedness is incurred, the insurer shall cause the individual policy or group certificate of insurance to be delivered to the debtor. The application or notice of proposed insurance must state that, upon acceptance by the insurer, the insurance shall become effective as provided in AS 21.57.050.</p>	
<p>(c) The debtor has 30 days from the date the debtor receives the individual policy or the group certificate to review the coverage purchased. At any time within the 30-day period, the debtor may contact the creditor or insurer issuing the policy or certificate and request that the coverage be cancelled. The individual policy or group certificate may require the request to be in writing, that the policy or certificate be returned to the insurer, or both. If a policy is cancelled, the insurer shall then return a full refund or credit of all premiums or insurance charges to the debtor within 30 days.</p>	<p>(c) If the insurer named in either the application or notice of proposed insurance does not accept the risk, the debtor shall receive a policy or certificate of insurance setting out the name and home office address of the substituted insurer and the amount of the premium to be charged, and if the amount of premium is less than that set out in the notice of proposed insurance an appropriate refund shall be made.</p>	

Proposed Legislation	Existing Statutes	Comments
<p>(d) If the named insurer does not accept the risk, the debtor shall receive a policy or certificate of insurance listing the name and home office address of the substituted insurer and the amount of the premium to be charged. If the amount of premium is less than the amount in the notice of proposed insurance, the insurer shall issue an appropriate refund within 30 days. If the risks not accepted by an insurer, a premium paid by the debtor shall be refunded or credited to the debtor within 30 days of the date of application.</p>		
<p>(e) For the purposes of (a) of this section, an individual policy or group certificate delivered in conjunction with an open-end consumer credit agreement or any consumer credit insurance requested by the debtor after the date of the debt is considered to be delivered at the time the debt is incurred or election to purchase coverage is made if the delivery occurs within 30 days of the date the insurance is effective.</p>		
<p>(5) An individual policy or group certificate delivered in conjunction with an open-end consumer credit agreement shall continue from its effective date through the term of the agreement unless the individual policy or group certificate is terminated in accordance with its terms at an earlier date.</p>		
<p>* Sec. 71. AS 21.57.080 is repealed and reenacted to read:</p>		<p>This section details that all policy forms, rates, etc must be filed with and approved by the director, and is not substantially different from the existing law. The main additions to the section are an addition of filing requirements for insurers' disclosure notices and advertising.</p>
<p>Sec. AS 21.57.080. FILING OF FORMS AND RATES. (a) An insurance policy, certificate of insurance, notice of proposed insurance, disclosure notice, advertising, application for insurance, endorsement, and rider delivered or issued for delivery in this state, and the applicable schedules of premium rates shall be filed with the director before being used.</p>	<p>SECTION 21.57.080. FILING, APPROVAL, AND WITHDRAWAL OF FORMS. (a) All policies, certificates of insurance, notices of proposed insurance, applications for insurance, endorsements and riders delivered or issued for delivery in this state, and the schedules of premium rates pertaining thereto shall be filed with the director.</p>	

Proposed Legislation	Existing Statutes	Comments
<p>(b) A document required to be filed under (a) of the section must be on file for a waiting period of 30 days before it becomes effective. This period may be extended for an additional 30 days if the director gives written notice within the waiting period to the insurer making the filing. The director shall disapprove a premium rate if the charged is not reasonable in relation to benefits or if it contains provisions that are unjust, unfair, inequitable, misleading, deceptive, encourage misrepresentation of the policy, or are contrary to any provision of this title or any regulation adopted under this title. A filing is considered to be approved unless it is disapproved by the director within the waiting period.</p>	<p>(b) The director shall, within 30 days after the filing of a policy, certificate of insurance, notice of proposed insurance, application for insurance, endorsement, or rider, in addition to other requirements of law, disapprove the form if the table of premium rates charged or to be charged appears by reasonable assumptions to be excessive in relation to benefits or if it contains provisions which are unjust, unfair, inequitable, misleading, deceptive, or encourage misrepresentation of the policy.</p>	
<p>(c) If the director notifies the insurer that a document required to be filed under (a) of this section is disapproved, the insurer may not issue or use any part of the document. In the notice of disapproval to the insurer, the director shall specify the reason for disapproval and indicate that the insurer is entitled to a hearing.</p>	<p>(c) If the director notifies the insurer that the form is disapproved, it is unlawful thereafter for the insurer to issue or use the form. In the notice, the director shall specify the reason for disapproval and state that a hearing will be granted within 20 days after request in writing by the insurer. A policy, certificate of insurance, notice of proposed insurance, application, binder, endorsement, or rider may not be issued or used until the expiration of 30 days after it has been filed, unless the director gives prior written approval to it.</p>	
<p>(d) The director may, at any time after a hearing, withdraw approval of a filing on any grounds under (b) of this section. The director shall provide the insurer at least 20 days' prior written notice of a hearing scheduled by the director, and the notice of the hearing must state the reason for the proposed withdrawal.</p>	<p>(d) The director may, at any time after a hearing, of which not less than 20 days written notice was given to the insurer, withdraw approval of a form on any grounds under (b) of this section. The written notice of the hearing must state the reason for the proposed withdrawal.</p>	
<p>(e) An insurer may not issue or use a document required to be filed under (a) of this section after the effective date of a withdrawal of approval under (d) of this section.</p>	<p>(e) An insurer may not issue or use a form after the effective date of a withdrawal of approval under (d) of this section.</p>	

Proposed Legislation	Existing Statutes	Comments
<p>(f) If a group policy of consumer credit insurance (1) has been delivered in this state before July 1, 1994 or (2) has been or is delivered in another state before or after July 1, 1994, the insurer shall be required to file only the group certificate and notice of proposed insurance delivered or issued for delivery in this state as specified in AS 21.57.060(b) and 21.57.070(a).</p>	<p>(f) If a group policy of credit life insurance or credit disability insurance</p>	
	<p>(1) has been delivered in this state before July 1, 1966, or,</p>	
	<p>(2) has been or is delivered in another state before or after July 1, 1966, the insurer shall be required to file only the group certificate and notice of proposed insurance delivered or issued for delivery in this state as specified in AS 21.57.060(b) and 21.57.070(b) and the forms shall be approved by the director if they conform with the requirements specified in these subsections and if the schedules of premium rates applicable to the insurance evidenced by the certificate or notice are not in excess of the insurer's schedules of premium rates filed with the director; provided, however, the premium rate in effect on existing group policies may be continued until the first policy anniversary date following the date this title becomes effective.</p>	

Proposed Legislation	Existing Statutes	Comments
<p>(g) Consumer credit insurance forms used for insurance described under (f) of this section shall be approved by the director if they conform with the requirements specified in this section and if the schedules of premium rates applicable to the insurance evidenced by the certificate or notice are in accordance with the insurer's schedules of premium rates filed with the director. An item required to be filed under (a) of this section shall also be filed as specified in this chapter unless the item relates to a group policy that is delivered in another state and the director has determined that the other state has substantially similar statutes or regulations to this chapter. Upon this determination the items required to be filed under (a) of this section shall be filed for informational purposes. If the director subsequently determines that the informational filing is not in compliance with the requirements of this chapter, the insurer may not use the insurance policy, form, certificate, notice of proposed insurance, disclosure notice, advertisement, application for insurance, endorsement, or rider.</p>	<p>(g) An order or final determination of the director under the provisions of this section shall be subject to judicial review.</p>	
<p>* Sec. 72. AS 21.57.090 is amended to read:</p>		<p>This section involves some editorial changes, and specifies the formula that must be used to calculate premium refunds in the event of policy termination.</p>
<p>Sec. AS 21.57.090. PREMIUM AND REFUNDS. (a) An insurer may revise its schedules of premium rates from time to time, and file the revised schedules with the director. An insurer may not issue a <u>consumer credit [LIFE INSURANCE POLICY OR CREDIT DISABILITY]</u> insurance policy for which the premium rate <u>differs from [EXCEEDS]</u> that determined by the schedules of the insurer then <u>approved by [ON FILE WITH]</u> the director.</p>	<p>SECTION 21.57.090. PREMIUMS AND REFUNDS. (a) An insurer may revise its schedules of premium rates from time to time, and file the revised schedules with the director. An insurer may not issue a credit life insurance policy or credit disability insurance policy for which the premium rate exceeds that determined by the schedules of the insurer then on file with the director.</p>	

Proposed Legislation	Existing Statutes	Comments
<p>(b) <u>An [EACH] individual policy or group certificate must provide for a refund in the event of termination of [THAT IF] the insurance [IS TERMINATED] before the scheduled maturity date of the insurance and upon notice to the insurer. The [INDEBTEDNESS, ANY] refund of an amount paid by the debtor for insurance shall be paid or credited promptly to the person entitled to it; provided, however, that the director shall prescribe a minimum refund and a [NO] refund that would be less than the minimum need not be made. A refund formula that an insurer desires to use must provide refunds that are at least as favorable to the debtor as refunds based on the rule of anticipation. The formula to be used in computing refunds shall be filed with and approved by the director.</u></p>	<p>(b) Each individual policy or group certificate must provide that if the insurance is terminated before the scheduled maturity date of the indebtedness, any refund of an amount paid by the debtor for insurance shall be paid or credited promptly to the person entitled to it; provided, however, that the director shall prescribe a minimum refund and no refund that would be less than the minimum need be made. The formula to be used in computing refunds shall be filed with and approved by the director.</p>	
<p>(c) If a creditor requires a debtor to make a payment for <u>consumer credit [LIFE INSURANCE OR CREDIT DISABILITY]</u> insurance and an individual policy or group certificate of insurance is not issued, the creditor shall immediately give written notice to the debtor and shall promptly make an appropriate credit to the account <u>or issue a refund.</u></p>	<p>(c) If a creditor requires a debtor to make a payment for credit life insurance or credit disability insurance and an individual policy or group certificate of insurance is not issued, the creditor shall immediately give written notice to the debtor and shall promptly make an appropriate credit to the account.</p>	
<p>(d) The amount charged to a debtor for <u>consumer credit [LIFE OR CREDIT DISABILITY]</u> insurance may not exceed the premium charged by the insurer, as computed at the time the charge to the debtor is determined.</p>	<p>(d) The amount charged to a debtor for credit life or credit disability insurance may not exceed the premium charged by the insurer, as computed at the time the charge to the debtor is determined.</p>	
<p>* <b>Sec. 73.</b> AS 21.57.090 is amended by adding a new subsection to read:</p>		<p>This section adds a new subsection clarifying that nothing in this chapter authorizes payments prohibited under other laws governing credit transactions.</p>
<p>(e) Nothing in this chapter may be construed to authorize a payment for insurance prohibited under other provisions of law governing credit transactions.</p>		

Proposed Legislation	Existing Statutes	Comments
<p>* Sec. 74. AS 21.57.120 is amended to read:</p>		<p>This section specifies that the debtor is not obligated to purchase credit insurance from the lender as security for a debt, but may substitute insurance that the debtor already has, or by purchasing similar insurance elsewhere. The changes here are purely editorial.</p>
<p>Sec. AS 21.57.120. <b>SELECTION RIGHTS OF INSURED.</b> [EXISTING INSURANCE.] When consumer credit [LIFE INSURANCE OR CREDIT DISABILITY] insurance is required as additional security for a debt [AN INDEBTEDNESS], the debtor shall, upon request to the creditor, have the option of furnishing the required amount of insurance through existing policies of insurance owned or controlled by the debtor or of procuring and furnishing the required coverage through an insurer authorized to transact an insurance business in this state.</p>	<p><b>SECTION 21.57.120. EXISTING INSURANCE.</b> When credit life insurance or credit disability insurance is required as additional security for an indebtedness, the debtor shall, upon request to the creditor, have the option of furnishing the required amount of insurance through existing policies of insurance owned or controlled by the debtor or of procuring and furnishing the required coverage through an insurer authorized to transact an insurance business in this state.</p>	
<p>* Sec. 75. AS 21.57 is amended by adding a new section to read:</p>		<p>Throughout Chapter 57, various duties or responsibilities are placed on insurers. This is a new section which states that the duties assigned to an insurer may be carried out by a creditor as long as the creditor is licensed under AS 21.27.</p>
<p>Sec. 21.57.125. <b>DUTIES OF AN INSURER.</b> Except as otherwise prohibited by law, duties imposed upon an insurer by this chapter may be carried out by a creditor if the creditor is licensed under AS 21.27 as an insurance producer, a managing general agent, or a third-party administrator, and transacts business within the scope of its license on behalf of the insurer.</p>		
<p>* Sec. 76. AS 21.57.150 is repealed and reenacted to read:</p>		<p>This section lists the penalties which may be applied to an insurer, creditor, or other person for violating this chapter or an order of the director. The penalties are increased substantially from the existing law, and are consistent with the penalties listed in AS 21.27.440.</p>

Proposed Legislation	Existing Statutes	Comments
<p>Sec. 21.57.150. PENALTIES. (a) In addition to any other penalty provided by law, a person licensed under AS 21.27 that the director determines under AS 21.06.170 - 21.06.240 has violated the provisions of this chapter is subject to</p>	<p>SECTION 21.57.150. PENALTIES. In addition to a penalty provided by law, a person who violates an order of the director after it has become final, and while the order is in effect, shall upon proof to the satisfaction of the court, forfeit and pay to the state a sum not to exceed \$250 which may be recovered in a civil action, except that if the violation is found to be wilful, the amount of the penalty shall be a sum not to exceed \$1,000. The director may revoke or suspend the license or certificate of authority of the person guilty of the violation. The order for suspension or revocation shall be subject to judicial review as provided in AS 21.06.230.</p>	
<p>(1) a civil penalty equal to the compensation promised, paid, or to be paid, directly or indirectly, to the licensee in regard to this violation;</p>		
<p>(2) either a civil penalty of not more than \$10,000 for a violation or, if the director determines that the person wilfully violated the provisions of this chapter, a civil penalty of not more than \$25,000 for a violation; and</p>		
<p>(3) denial, nonrenewal, suspension, or revocation of a license.</p>		
<p>(b) In addition to any other penalty provided by law, an insurer that the director determined under AS 21.06.170 - 21.06.240 has violated the provisions of this chapter subject to</p>		
<p>(1) a civil penalty equal to the premium earned, directly or indirectly, by the insurer in regard to a violation;</p>		
<p>(2) either a civil penalty or not more than \$10,000 for a violation or, if the director determines that the insurer wilfully violated the provisions of this chapter, a civil penalty of not more than \$25,000 for a violation; and</p>		
<p>(3) denial, suspension, or revocation of a certificate of authority.</p>		

Proposed Legislation	Existing Statutes	Comments
(c) In addition to any other penalty provided by law, any person that the director determines under AS 21.06.170 - 21.03.240 has violated the provisions of this chapter subject to		
(1) either a civil penalty of not more than \$10,000 for a violation or, if the director determines that the person wilfully violated the provisions of this chapter, a civil penalty of not more than \$25,000 for a violation; and		
(2) denial of a license.		
* Sec. 77. AS 21.57.160 is repealed and reenacted to read:		Several new definitions are added to this section, primarily to clarify some of the terms that are used in this chapter and may have been misinterpreted in the past.
Sec. 21.57.160. DEFINITIONS. In this chapter,	SECTION 21.57.160. DEFINITIONS. In this chapter	
(1) "agriculture credit transaction commitment" means a binding agreement to loan money up to a fixed amount as needed for agricultural purposes;	(1) "credit disability insurance" means insurance on a debtor to provide indemnity for payments becoming due on a specific loan or other credit transaction while the debtor is disabled as defined in the policy;	
(2) "compensation" means commissions, dividends, retrospective rate credits, service fees, expense allowances or reimbursements, gifts, furnishing equipment, facilities, goods, or services, or any other form of remuneration resulting directly from the sale of consumer credit insurance;	(2) "credit life insurance" means insurance on the life of a debtor under or in connection with a specific loan or other credit transaction;	
(3) "consumer credit insurance" means credit life insurance, credit disability insurance, or credit unemployment insurance;	(3) "creditor" means the lender of money or vendor or lessor of goods, services, property, rights, or privileges, for which payment is arranged through a credit transaction, or a successor to the right, title, or interest of the lender, vendor, or lessor and an affiliate, associate, or subsidiary of any of them or a director, officer, or employee of any of them or any other person in any way associated with any of them;	

Proposed Legislation	Existing Statutes	Comments
(4) "credit disability insurance" means insurance on a debtor to provide indemnity payments or debt becoming due on a specific loan or other credit transaction while the debtor is disabled;	(4) "debtor" means a borrower of money or a purchaser or lessee of goods, services, property, rights, or privileges for which payment is arranged through a credit transaction;	
(5) "credit life insurance" means insurance on the life of a debtor under or in connection with all or a part of a specific loan or other credit transaction;	(5) "indebtedness" means the total amount payable by a debtor to a creditor in connection with a loan or other credit transaction.	
(6) "credit unemployment insurance" means insurance on a debtor to provide indemnity for payments or debt becoming due on a specific loan or other credit transaction while the debtor is involuntarily unemployed;		
(7) "credit transaction" means a transaction by which the repayment for money loaned or a loan commitment made or payment for goods, services, or properties sold or leased is made at a future date;		
(8) "creditor" means a person who lends money or who sells or leases goods, services, property, rights, or privileges, for which payment is arranged through a credit transaction, and includes a person who is a successor to the right, title, or interest of the lender, seller, or lessor;		
(9) "debtor" means a person who borrows money, or purchases or leases goods, services, property, rights, or privileges for which payment is arranged through a credit transaction;		
(10) "educational credit transaction commitment" means a binding agreement to loan money up to a fixed amount as needed for educational purposes;		
(11) "gross debt" means the total of the remaining payments owed to the creditor by the debtor;		

Proposed Legislation	Existing Statutes	Comments
<p>(12) "identifiable charge" means a charge for consumer credit insurance that is made to a debtor having the benefit of the insurance, including a charge for insurance that is disclosed in the consumer credit agreement or other instrument furnished to the debtor, and any difference in the finance, interest, service, or other similar charge made to debtors who are in like circumstances except for their insured or noninsured status;</p>		
<p>(13) "net debt" means the amount necessary to liquidate the remaining debt in a single lump sum payment, excluding all unearned finance charges;</p>		
<p>(14) "open-end consumer credit" means consumer credit extended by a creditor under an agreement in which</p>		
<p>(A) the creditor reasonably contemplates repeated transactions;</p>		
<p>(B) the creditor imposes a periodic finance charge on an outstanding unpaid balance; and</p>		
<p>(C) the amount of consumer credit that may be extended to the debtor during the term of the agreement, up to any limit set by the creditor, is generally made available to the extent that any outstanding balance is repaid;</p>		
<p>(15) "rule of anticipation" means a refund method that results in refunds equal to the premium cost of scheduled benefits subsequent to the date of cancellation or termination, computed at the schedule of premium rates in effect on the date of issue.</p>		
<p>*Sec. 78. AS 21.69 is amended by adding new sections to read:</p>		<p>The addition of this section is to provide guidance when an Alaska domestic insurer wishes to move its domestic status to another state or when an insurer that is domiciled in another state wishes to change its domicile to Alaska.</p>

Proposed Legislation	Existing Statutes	Comments
<p>Sec. 21.69.645. REDOMESTICATION.            (a) An insurer organized under the laws of another state and admitted to do business in this state may become a domestic insurer of this state by complying with the requirements of this title relative to the organization and licensing of a domestic insurer and by designating its principal place of business at a place in this state.</p>		<p>Subsection (a) requires that an insurer domiciled in another state that is licensed in this state may become a domestic of this state if they comply with all Alaska laws regarding organization and licensing of a domestic insurer and designates a principal place of business in this state.</p>
<p>(b) A domestic insurer may, upon approval of the director, transfer its domicile to another state in which it is admitted to transact the business of insurance. Upon a transfer as described in this subsection, the insurer shall cease to be a domestic insurer of this state, but shall be considered admitted to this state. The insurer shall meet the qualifications to remain admitted to this state for a period of three years or, if ordered by the director, a longer period. The director may approve a proposed transfer unless the transfer is not in the interest of the policyholders of the insurer or the insurance marketplace of this state.</p>		<p>Subsection (b) allows an Alaska domestic insurer to transfer domicile status to another state and shall be licensed in Alaska with the director's approval. The director shall give approval unless it is not in the interest of policyholders or the marketplace. The insurer is required to meet qualifications for being licensed in this state for three years after transfer.</p>
<p>(c) Upon transfer of domestic status to or from this state, the certificate of authority, appointments under AS 21.27.100, rates, and other items that the director, allows, and that are in existence at the time the insurer is licensed to transact the business of insurance in this state, shall continue in full force and effect and the insurer shall remain duly qualified to transact the business of insurance in this state. Outstanding policies of transferring insurer shall remain in full force and effect and shall be endorsed with the new name of the company, its new location, and any other information the director may require. A transferring insurer shall notify the director of the details of the proposed transfer 30 days before the effective date of the transfer and shall promptly file any resulting amendments to corporate documents filed or required to be filed with the director.</p>		<p>Subsection (c) says that when domestic status is transferred in or out of this state, the certificate of authority, producer appointments, rates, and other items that director may allow will continue in effect. Outstanding policies of the insurer shall be endorsed with the new name and location of the insurer and any other information required by the director. The director shall be notified of the details of the transfer 30 days in advance.</p>

Proposed Legislation	Existing Statutes	Comments
<p>(d) A transfer of domestic status by merger, consolidation, or any other lawful method of combination must meet the requirements of AS 21.69.590 or 21.69.600. The certificate of authority, appointments under AS 21.27.100, rates, and other items that the director, allows, and that are in existence at the time the insurer is licensed to transact the business of insurance in this state, shall continue in full force and effect and the insurer shall remain duly qualified to transact the business of insurance in this state. Outstanding policies of a domestic insurer being merged, consolidated, or otherwise combined shall remain in full force and effect and shall be endorsed with the new name of the company, its new location, and any other information the director may require.</p>		<p>Subsection (d) says that if the transfer s by merger or consolidation it must meet the statute requirements for mergers in Chapter 69. Certificate of authority, producer appointments, rates and other items allowed by the director shall continue in effect. Outstanding policies of the insurer shall be endorsed with the new name and location of the insurer and any other information required by the director.</p>
<p>(e) An insurer that is transferring its domicile to this state shall file its revised policy forms for approval under AS 21.42.</p>		<p>Subsection (e) requires the insurer transferring to this state to file revised policy forms for approval.</p>
<p>(f) A domestic insurer that is transferring its domicile to another state is not required to file policy forms at the time of transfer if the forms have already been approved under AS 21.42.</p>		<p>Subsection (f) says that an Alaska domestic transferring to another state does not have to file new forms if the forms have already been approved in this state.</p>
<p>Sec. 21.69.648. VOLUNTARY SURRENDER OF CERTIFICATE OF AUTHORITY. To voluntarily surrender the certificate of authority of a domestic insurer, a request shall be made to the director to extinguish the certificate of authority six months before the planned effective date of the extinguishment of the charter. Before the request is granted, the director shall conduct an examination under AS 21.06.120. The examination shall be completed within 12 months before the effective date of an extinguishment and all issues contained in the examination report must be resolved to the satisfaction of the director. Insurance business of the domestic insurer shall be cancelled or reinsured as required under AS 21.69.610 or 21.69.620.</p>		<p>The addition of this section is to provide guidance when an Alaska domestic insurer wishes to voluntarily surrender its certificate of authority and discontinue operations as an insurer. The insurer must make a request to extinguish the certificate of authority six months prior to the planned effective date of extinguishment of the charter. The director must conduct an examination within 12 months of the effective date of the extinguishment and all issues noted in that report must be resolved. Any business of the insurer must be cancelled or reinsured.</p>

Proposed Legislation	Existing Statutes	Comments
<p>* Sec. 79. AS 21.72 is amended by adding a new section to read:</p>		<p>The amendment of a new section allows that a benevolent association may be required by the director to submit a quarterly financial statement which must include the information required for the annual financial statement.</p>
<p>Sec. 21.72.125. QUARTERLY STATEMENTS. The director may require a benevolent association to file quarterly financial statements as provided in AS 21.09.205. The statements must exhibit the items and facts required under AS 21.72.120(a).</p>		
<p>* Sec. 80 AS 21.75 is amended by adding a new section to read:</p>		<p>The amendment of a new section allows that a reciprocal insurer may be required to submit a quarterly financial statement and the director may require supplemental information on the transactions of the reciprocal insurer.</p>
<p>Sec. 21.75.135. QUARTERLY STATEMENTS. (a) The director may require a reciprocal insurer's attorney-in-fact to file a quarterly financial statement as provided in AS 21.09.205.</p>		
<p>(b) A statement required under (a) of this section shall be supplemented by information that may be required by the director relative to the affairs and transactions of the attorney-in-fact that relate to the reciprocal insurer.</p>		
<p>* Sec. 81. AS 21.75.170(e) is amended to read:</p>		<p>The amendment to this subsection adds that a special meeting of the subscribers committee may be called by no less than three individual subscribers. The current language of one percent of the subscribers can be burdensome for very small reciprocals.</p>
<p>(e) Special meetings of the committee may be called by the attorney-in-fact, the chair of the committee, three members of the committee, or a signed petition of at least one percent of the subscribers or <u>three individual subscribers, whichever is greater</u>, as of the most recent annual report of the reciprocal insurer.</p>		

Proposed Legislation	Existing Statutes	Comments
<p>*Sec. 83. AS 21.75.170 is amended by adding a new subsection to read:</p>		<p>This new subsection allows a domestic reciprocal insurer to have a subscribers committee of not less than five persons with prior written approval of the director. This change is to remove the burden of having a nine member subscribers committee when the reciprocal is very small.</p>
<p>(g) Notwithstanding (a) of this section, a domestic reciprocal insurer transacting all of its insurance activities on a subject resident, located, and to be performed in this state may, with the prior written approval of the director, have a subscriber's advisory committee that consists of not less than five individuals who are elected by the subscribers, and who otherwise meet the requirements of (a) of this section.</p>		
<p>* Sec. 83. AS 21.79.900(6) is amended to read:</p>		<p>Amendment to this subsection is primarily editorial in nature and clarifies the definition of "member insurer" in the Alaska Life and Disability Insurance Guaranty Association Act.</p>
<p>(6) "member insurer" means an insurer licensed to transact insurance in the state that issues a policy described in AS 21.79.020(a) and (b), or a subscriber contract providing benefits described in AS 21.87.120(a)(2) - (4) or 21.87.130(a)(2) and (3), and includes an insurer whose license or certificate of authority in this state may have been suspended, revoked, not renewed, or voluntarily withdrawn; "member insurer" does not include</p>	<p>(6) "member insurer" means an insurer licensed to transact insurance in the state that issues a policy described in AS 21.79.020(a) and (b), or a subscriber contract providing benefits described in AS 21.87.120(a)(2) - (4) or 21.87.130(a)(2) and (3), and includes an insurer whose license or certificate of authority in this state may have been suspended, revoked, not renewed, or voluntarily withdrawn; "member insurer" does not include</p>	
<p>(A) a health maintenance organization <u>licensed under AS 21.86;</u></p>	<p>(A) a health maintenance organization;</p>	
<p>(B) a fraternal benefit society <u>licensed under AS 21.84;</u></p>	<p>(B) a fraternal benefit society;</p>	
<p>(C) a mandatory state pooling plan;</p>	<p>(C) a mandatory state pooling plan;</p>	

Proposed Legislation	Existing Statutes	Comments
(D) a mutual assessment company or an entity that operates on an assessment basis;	(D) a mutual assessment company or an entity that operates on an assessment basis;	
(E) an insurance exchange licensed under AS 21.75; or	(E) an insurance exchange; or	
(F) a nonprofit hospital or medical service organization licensed under AS 21.87;	(F) a hospital or medical service organization;	
* Sec. 84. AS 21.80.020 is amended by adding a new subsection to read:		Amendment to this section is primarily editorial in nature and clarifies that risk retention groups are not covered by the Alaska Insurance Guaranty Association Act consistent with the Liability Risk Retention Act.
(b) This chapter shall not apply to a risk retention group formed under 15 U.S.C. 3901 - 3906, (Liability Risk Retention Act).		
* Sec. 85. AS 21.84.340 is amended to add a new subsection to read:		The amendment of a new section allows that a fraternal benefit society may be required by the director to submit a quarterly financial statement.
(d) The director may require a society to file quarterly financial statements. If quarterly financial statements are required, the statements must follow for a given quarter the reporting specified in the quarterly financial statement blank form and instructions most recently approved by the National Association of Insurance Commissioners.		
* Sec. 86. AS 21.86.080 is amended to add new subsections to read:		The amendment of a new section allows that a health maintenance organization may be required by the director to submit a quarterly financial statement.

Proposed Legislation	Existing Statutes	Comments
<p>(b) The director may require a health maintenance organization to file quarterly financial statements. If quarterly financial statements are required, the statements must follow for a given quarter the reporting specified in the quarterly financial statement blank form and instructions most recently approved by the National Association of Insurance Commissioners.</p>		
<p>(c) Filings under this section are subject to AS 21.09.200 and 21.09.205.</p>		
<p>* Sec. 87. AS 21.89.030 is amended to read:</p>		<p>The amendment to this section allows insurers to pay claims using electronic funds transfer.</p>
<p>Sec. 21.89.030. PAYMENT. An insurance company doing business in this state may not pay a judgment or settlement of a claim in this state for a loss incurred in this state with an instrument other than a negotiable bank check payable on demand and bearing even date with the date of writing <u>or by electronic funds transfer.</u></p>	<p>SECTION 21.89.030. PAYMENT. An insurance company doing business in this state may not pay a judgment or settlement of a claim in this state for a loss incurred in this state with an instrument other than a negotiable bank check payable on demand and bearing even date with the date of writing.</p>	
<p>* Sec. 88. AS 21.89 is amended by adding a new section to read:</p>		<p>Amendment adds two new sections to this chapter. The sections provide (1) authority to specify requirements to facilitate electronic data transfer and (2) give the director authority to require risk retention groups and purchasing groups to register before transacting business in Alaska as consistent with the Liability Risk Retention Act. Detail description of the new section on requirements for risk retention groups and purchasing groups are as follows.</p>
<p>Sec. 21.89.070. ELECTRONIC DATA TRANSFER. The director may adopt regulations to facilitate electronic data transfer. Electronic data transferred under regulations may, at the discretion of the director, be in place of any other method of filing or communication otherwise required under this title.</p>		
<p>* Sec. 89. AS 21.89 is amended by adding a new section to read:</p>		

Proposed Legislation	Existing Statutes	Comments
<p>Sec. 21.89.080. RISK RETENTION GROUPS AND PURCHASING GROUPS. (a) A risk retention group or a purchasing group formed under and in compliance with 15 U.S.C. 3901 - 3906 (Liability Risk Retention Act) shall register with the director and shall at all times transact business in compliance with federal law and the laws of this state.</p>		
<p>(b) A risk retention group or a purchasing group shall apply for initial registration on forms prescribed by the director. Payment of a registration fee established under AS 21.06.250 shall be submitted with the application.</p>		
<p>(c) A risk retention group or a purchasing group may continue its registration if it is in compliance with federal law and the laws of this state. Payment of an annual continuation fee established under AS 21.06.250 shall be submitted with the continuation application.</p>		
<p>(d) A risk retention group holding a valid certificate of authority as a domestic insurer or a purchasing group duly licensed under AS 21.27 as a resident license is not required to be additionally registered under this section.</p>		
<p>(e) A risk retention group or purchasing group that is not in compliance with 15 U.S.C. 3901 - 3906 (Liability Risk Retention Act) is not eligible for registration or annual continuation of its registration.</p>		
<p>(f) Failure to comply with 15 U.S.C. 3901 - 3906 (Liability Risk Retention Act) is a violation of this title.</p>		
<p>(g) In addition to any other penalty provided by law, a person that the director determines under AS 21.06.170 - 21.06.240 has violated a provision of this title relative to a risk retention group or a purchasing group is subject to</p>		

Proposed Legislation	Existing Statutes	Comments
<p>(1) a civil penalty of not more than \$10,000 for each violation or, if the director determines that the person willfully violated a provision of this title, a civil penalty of not more than \$25,000 for each violation ; and</p>		
<p>(2) denial, noncontinuation, or revocation of a registration.</p>		
<p>(h) The director may adopt regulations on the operation and reporting requirements of a risk retention group that are not in conflict with 15 U.S.C. 3901 - 3906 (Liability Risk Retention Act).</p>		
<p>* Sec. 89. AS 21.90.900(26) is amended to read:</p>		<p>Amendment is primarily editorial in nature and clarifies definition of "managing general agent" as requested by the NAIC accreditation team.</p>
<p>(26) "managing general agent" means a person, firm, or corporation that</p>	<p>(26) "managing general agent" means a person, firm, or corporation that</p>	
<p>(A) has authority to exercise general supervision over the business, or any part of the business, of one or more admitted insurers; and</p>		
<p>(B) performs administrative functions normally performed by the insurer including claims administration and payment, marketing administration, agent appointment, premium accounting, premium billing, coverage verification, final underwriting authority, <u>or</u> [AND] certificate issuance;</p>	<p>(B) performs administrative functions normally performed by the insurer including claims administration and payment, marketing administration, agent appointment, premium accounting, premium billing, coverage verification, final underwriting authority, and certificate issuance;</p>	
<p>* Sec. 90. AS 21.27.650(f)(3) and AS 21.36.420 are repealed.</p>		<p>This section repeals two parts of current statute. AS 21.27.650(f)(3) contradicts AS 21.27.100(a) which does not allow a third-party administrator to appoint subagents and is repealed. The language in AS 21.36.420 is included in AS 21.36.305 in Section 50, page 40 of this legislation. This move to a new section is made to clarify some of the limitations existing in statute, and to locate the section in a more logical place.</p>

Proposed Legislation	Existing Statutes	Comments
* <b>Sec. 91.</b> AS 21.57.110 and AS 21.57.170 are repealed.		This section repeals two sections of current statute regarding consumer credit insurance. AS 21.57.110 duplicates sections in AS 21.36 and is unnecessary. AS 21.57.170 is not appropriate in our law, and is removed.
* <b>Sec. 92.</b> AS 21.09.300(c), enacted in sec. 13 of this act take effect of amending Alaska Rule of Civil Procedure 45, by providing that certain insurer reports of material transactions are not subject to subpoena.		This section notes that the new subsection in AS 21.09.300(c) affects Alaska Rule of Civil Procedure 45 by not allowing reports of material transactions to be given when under subpoena.
* <b>Sec. 93.</b> TRANSITION. This Act applies to a policy of insurance that is entered into or renewed on or after the effective date of the relevant provision of this Act.		This section provides that the Act applies to insurance policies entered into or renewed on or after the Act's effective date.
* <b>Sec. 94.</b> Sections 14 and 15 of the Act take effect only if legislation is passed by the Eighteenth Alaska State Legislature and becomes law that establishes risk-based capital requirements for insurers.		This specifies that sections 14 and 15 will become effective upon adoption of legislation dealing with risk-based capital. Until risk-based capital legislation is adopted, AS 21.09.310 will be as shown in section 13 of this bill.
* <b>Sec. 95.</b> If secs. 14 and 15 of this Act take effect, they take effect on the effective date of the legislation described in sec. 94 of the Act.		This specifies that sections 14 and 15 will take effect when statute regarding risk based capital requirements for insurers takes effect.
* <b>Sec. 96.</b> Sections 63 - 77 and 91 of this Act take effect on October 1, 1994.		This specifies that the effective date for the changes to AS 21.57 dealing with Consumer Credit Insurance will be October 1, 1994.
* <b>Sec. 97.</b> Except as provided in Sec. 95 and 96 of the Act, this Act takes effect July 1, 1994.		This specifies that all other sections of this legislation, other than effective dates specified above in Sections 95 and 96, will be effective on July 1, 1994.

**FISCAL NOTE**

**STATE OF ALASKA**  
**1994 LEGISLATIVE SESSION**

**BILL NO. HB 534**

Revision Date: \_\_\_\_\_  
 Title: Omnibus Insurance Reform  
 Sponsor: House Labor & Commerce Committee  
 Requestor: \_\_\_\_\_

Department Affected: Commerce and Economic Development  
 BRU: Insurance  
 Component: Operations  
 COMPONENT SERIAL NO. 354

**Expenditures/Revenues:**

OPERATING EXPENDITURES	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
<b>TOTAL OPERATING</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>CAPITAL EXPENDITURES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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<b>CHANGE IN REVENUES ( )</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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**FUND SOURCE**

1002 Federal Receipts	0	0	0	0	0	0
1003 GF Match	0	0	0	0	0	0
1004 GF	0	0	0	0	0	0
1005 GF/Program Receipts	0	0	0	0	0	0
1006 GF/MHTIA	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Estimate of current year (FY 94) cost: \$ 0

**POSITIONS**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

**ANALYSIS: (Attach a separate page if necessary.)**

No fiscal impact.

Prepared by: Joan Brown, Administrative Officer  
 Division: Insurance

Phone: 465-2597  
 Date: 3/25/94

Approved by Commissioner: Paul Fuhs  
 Agency: Commerce and Economic Development

Date: 3/29/94

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**FISCAL NOTE**

**STATE OF ALASKA**  
**1994 LEGISLATIVE SESSION**

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COMPONENT SERIAL NO. 354

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OPERATING EXPENDITURES	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
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TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
<b>TOTAL OPERATING</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>CAPITAL EXPENDITURES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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<b>CHANGE IN REVENUES ( )</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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**FUND SOURCE**

1002 Federal Receipts	0	0	0	0	0	0
1003 GF Match	0	0	0	0	0	0
1004 GF	0	0	0	0	0	0
1005 GF/Program Receipts	0	0	0	0	0	0
1006 GF/MHTIA	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Estimate of current year (FY 94) cost: \$ 0

**POSITIONS**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

**ANALYSIS: (Attach a separate page if necessary.)**

No fiscal impact.

Prepared by: Joan Brown, Administrative Officer  
 Division: Insurance

Phone: 465-2597  
 Date: 3/25/94

Approved by Commissioner: Paul Fuhs  
 Agency: Commerce and Economic Development

Date: 3/29/94

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**DIVISION OF LEGAL SERVICES**

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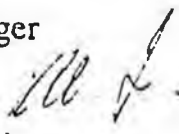
130 Seward Street, Suite 409  
Juneau, Alaska 99801-2105

**MEMORANDUM**

March 24, 1994

**SUBJECT:** Sectional Summary of SB 367

**TO:** Senator Steve Rieger

**FROM:** Michael F. Ford   
Legislative Counsel

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

**Section 1.** Technical amendment required by the imposition of mandatory arbitration.

**Section 2.** Technical amendment required by the imposition of mandatory arbitration.

**Section 3.** Requires a civil action brought against a health care provider by a person who is less than two years of age be brought by the person's eighth birthday. Provides certain exceptions for the statutory limit imposed by this section.

**Section 4.** Provides that the rate of interest on judgments and decrees for the payment of money is equal to the 12th Federal Reserve district discount rate as determined under AS 455.45.010(b).

**Section 5.** Requires that a person who files a civil action for damages against a health care provider resulting from medical malpractice, must also submit the claim for arbitration. Establishes hearing procedures for arbitrating the claim and imposes deadlines for reaching the arbitrator's decision. Allows a party to appeal a decision of an arbitrator. Imposes a penalty for appeal of an arbitrator's decision if the judgment is not more favorable than the arbitrator's decision.

**Section 6.** Changes the expert advisory panel required in a medical malpractice action to a single expert advisor.

SECTIONAL ANALYSIS

Section 7. Requires a disability insurer to file rate information with the director of the division of insurance.

Section 8.

Sec. 21.58.010. Requires a health care provider to post certain price information.

Sec. 21.58.020. Requires the Department of Commerce and Economic Development to develop a health care data system. Allows the commissioner to require health care providers to submit data necessary to develop the system. Imposes certain confidentiality provisions and exceptions to confidentiality provisions regarding information in the data system.

Sec. 21.58.030. Requires the director of insurance to develop uniform claims forms, standards, and procedures for billing and payment for health care services.

Sec. 21.58.040. Allows the legislature to appropriate a portion of insurance premium tax proceeds for the administrative costs of this chapter.

Sec. 21.58.400. Definitions.

Section 9. Technical amendment to require health maintenance organizations to comply with provisions of AS 21.89.100 and 21.89.120.

Section 10. Technical amendment to require hospital or medical service corporations to comply with provisions of AS 21.89.100 and 21.89.120.

Section 11.

Sec. 21.89.100. Requires that insurance coverage provided under two or more plans be coordinated so that the insured receives the maximum allowable benefit from each policy.

Sec. 21.89.110. Requires that certain insurers must maintain certain statistical information on fees, that methods of calculation be disclosed within 15 days of the request, and that certain information regarding determination of the usual, customary and reasonable fee that the insurer uses to reimburse the insured.

Sec. 21.89.120. Definitions.

Section 12. Increases the excise tax on cigarettes from 12 to 17 mills.

Section 13. Technical amendment.

Section 14. Technical amendment.

Section 15. Applicability section.

Section 16. Establishes a health care advisory committee in the office of the governor. Establishes the membership of the committee, imposes certain duties, and imposes conditions on imposed duties.

Section 17. Establishes a medical practice advisory committee in the office of the governor. Establishes the membership of the committee, establishes powers and imposes certain duties.

Section 18. Repeals a medical malpractice advisory panel established by court rule.

Section 19. Section describing certain court rule changes.

Section 20. Section describing certain court rule changes.

Section 21. Section describing certain court rule changes.

Section 22. Provides that section 18 takes effect only if it is approved by a two-thirds vote of each house.

Section 23. Repeals sections 16 and 17 on June 30, 1996.

Section 24. Effective date.

MFF:lmb  
94-103.lmb

# **NFIB** Alaska

National Federation of  
Independent Business

POSITION PAPER

OF

NATIONAL FEDERATION OF INDEPENDENT BUSINESS  
(NFIB/ALASKA)

SB 367 HEALTH CARE REFORM COMMITTEES AND  
RAISING THE TAXES ON CIGARETTES.

1150 Skywood Lane  
Juneau, AK 99801



The Guardian of  
Small Business

POSITION PAPER

CHAIRMAN, MEMBERS OF THE COMMITTEE, MY NAME IS RESA JERREL, AND I AM THE STATE DIRECTOR FOR NATIONAL FEDERATION OF INDEPENDENT BUSINESS - NFIB/ALASKA. I APPRECIATED THE OPPORTUNITY TO SHARE OUR VIEWS WITH YOU ON SB 367.

NFIB/ALASKA IS COMPRISED OF 4,400 SMALL AND INDEPENDENT BUSINESS OWNERS. THE LEGISLATIVE AGENDA OF NFIB/ALASKA IS DETERMINED BY OUR BALLOT. THE BALLOT IS OUR ANNUAL POLL OF OUR MEMBERS ON A SERIES OF ISSUES DEEMED CRITICAL TO SMALL BUSINESS. A MAJORITY VOTE, OF THE MEMBERS IN RESPONSE TO THE POLL, SETS OUR POLICY AND POSITION ON LEGISLATIVE ISSUES. WE THEN SHARE THE RESULTS OF OUR POLL WITH THE LEGISLATURE AND ADMINISTRATION. THERE IS NOT ENOUGH SPACE ON THE ANNUAL POLL TO PLACE EVERY POSSIBLE ISSUE BEFORE OUR MEMBERS. THEREFORE, WE ALSO USE THE PREVIOUS YEARS BALLOT RESULTS AS GUIDANCE ON ISSUES. OVER THE PAST FEW YEARS WE HAVE ASKED OUR MEMBERS NUMEROUS QUESTIONS ABOUT HEALTH INSURANCE.

72 PERCENT SUPPORT CREATING A VOLUNTARY HEALTH INSURANCE PLAN WHICH WOULD BE ADMINISTERED BY PRIVATE INSURANCE COMPANIES AND WOULD POOL SMALL BUSINESSES TOGETHER SO THEY COULD PURCHASE EMPLOYEE HEALTH INSURANCE AT GROUP RATES.

87 PERCENT OPPOSE REQUIRING EMPLOYERS TO PROVIDE BASIC HEALTH CARE INSURANCE COVERAGE FOR THEIR EMPLOYEES.

76 PERCENT SUPPORT REQUIRING DOCTORS AND HOSPITALS TO POST THEIR FEES FOR THE SERVICES AND PROCEDURES THEY PROVIDE.

79 PERCENT SUPPORT CHANGING MEDICAL MALPRACTICE LAWS SO DOCTORS WILL NOT FEEL COMPELLED TO PERFORM VARIOUS MEDICAL SERVICES SIMPLY TO AVOID POTENTIAL LAWSUITS.

I HAVE A CONCERN WITH THE LANGUAGE "MANDATORY HEALTH CARE PLAN" ON PAGE 18, LINE 27, "MANDATORY COVERAGE" ON PAGE 18, LINE 29 AND "PARTICIPATION IS MANDATORY BY ALL STATE RESIDENTS" ON PAGE 19, LINE 23.

OUR MEMBERS BELIEVE IN THE FREEDOM OF CHOICE IN HEALTH INSURANCE. THIS MEANS, BEING ABLE TO BUY A HEALTH INSURANCE POLICY

TAILORED TO THE INDIVIDUAL, FAMILY AND/OR EMPLOYEE NEEDS. WE WOULD SUGGEST THE WORD "MANDATORY" BE DELETED. INSTEAD, DIRECT THE ADVISORY COMMITTEE TO PRESENT A RANGE OF OPTIONAL COVERAGE. WITH THE ABILITY TO PICK AND CHOOSE A PERSON COULD PURCHASE A POLICY THAT BEST MEETS THEIR PERSONAL CIRCUMSTANCES AND FINANCES.

WE ARE OPPOSED TO THE LANGUAGE ON PAGE 17, LINES 14 - 16 WHICH PROPOSES RAISING THE CIGARETTE TAX. THE 1993 SURVEY OF NFIB/ALASKA MEMBERS FOUND OVERWHELMING SUPPORT - 92 PERCENT - TO REDUCE STATE GOVERNMENT SPENDING BEFORE INCREASING TAXES.

I AM HAPPY TO SEE THAT THE HEALTH CARE PLAN ADVISORY COMMITTEE IS TO REPORT TO THE LEGISLATURE BY DECEMBER 15, 1994 ON THE SCOPE OF COVERAGE AND THE COST. A COUPLE OF YEARS AGO WE ASKED OUR MEMBERS IN ALASKA TO RANK ELEVEN PROBLEM AREAS - THE MOST COSTLY OR BURDENSOME PROBLEM THEY FACED AND, THE TOP TWO WERE: #1 WORKERS COMPENSATION COST AND, #2 HEALTH INSURANCE FOR EMPLOYEES. WHEN ASKED WHY THEY DID NOT PROVIDE HEALTH INSURANCE FOR THEIR EMPLOYEES, RANKING NUMBER ONE WAS: PREMIUMS ARE TOO HIGH OR THE FIRM CANNOT AFFORD TO PAY FOR BENEFITS.

COST OF ANY HEALTH INSURANCE PLAN IS OF GREAT CONCERN TO OUR MEMBERS. ONCE THE COST IS DETERMINED WE ALL CAN MAKE AN INFORMED DECISION ON THIS VERY IMPORTANT ISSUE.

I DO NOTE A POTENTIAL COST SAVING IN THE BILL - UNIFORM CLAIMS FORMS. PAPERWORK CONNECTED WITH HEALTH INSURANCE IS CHOKING OUR DOCTORS AND HOSPITALS NOT TO MENTION SMALL EMPLOYERS AND INDIVIDUALS. SMALL FIRMS ARE PARTICULARLY HARD HIT BY THESE COSTS: 30-40 PERCENT OF THEIR PREMIUMS GO TO ADMINISTRATIVE CHARGES. SMALL FIRMS, TOO, LACK EMPLOYEE BENEFITS DEPARTMENTS TO HANDLE THE PAPERWORK. REDUCING PAPERWORK THROUGH UNIFORM CLAIMS AND SOME

DAY ELECTRONIC FILING WILL MARKEDLY CUT THE COST OF ADMINISTERING INSURANCE.

THANK YOU FOR THE OPPORTUNITY TO COMMENT ON THIS IMPORTANT LEGISLATION. NFIB/ALASKA HAS AND WILL CONTINUE TO SUPPORT LEGISLATION THAT WILL HELP MAKE VOLUNTARY, PRIVATELY ADMINISTERED HEALTH INSURANCE MORE ACCESSIBLE, RENEWABLE, PREDICTABLE AND STABLE FOR SMALL BUSINESS OWNERS.

**SB**

**370**

## SPONSOR STATEMENT

SENATE BILL NO. 370

Senate Bill 370 gives authorization to the Department of Commerce and Economic Development to license cruise ships to conduct gambling outside of three nautical miles of state ports. Casino gambling on cruise ships has been a well established practice for over twenty years, but state laws prohibit the practice on waters under state jurisdiction. By allowing limited gambling activities on these waters, the state benefits from the collection of annual licensing fees of \$5,000. to \$15,000. depending on the size of the ship. Casino gambling on cruise ships has no impact whatsoever on Alaskan communities, and polled residents have approved of the established cruise ship gambling by a significant majority (more than 5 to 1). In the interest of taking advantage of this potential source of revenue, I urge your support of SB 370.

## SECTIONAL SUMMARY

### SENATE BILL NO. 370

**Section 1(a)** - Authorizes the Department of Commerce and Economic Development to license cruise ships to conduct gambling in the offshore water of the state upon application for permit and payment of annual licensing fee.

**Section 1(b)** - Establishes fee schedule for licensing.

**Section 1(c)** - Exempts cruise ships from other provisions of chapter.

**Section 1(d)** - Establishes that the department shall revoke a license in cases of ineligibility, provision of false information, or violation of provisions set forth in Section 2 of the bill.

**Section 1(e)** - Gives "cruise ship" and "offshore water of the state" meaning as set forth in Section 2 of the bill.

**Section 2(a)** - Establishes that prohibitions on gambling do not apply to cruise ships if the following criteria are met:

- (1) the cruise ship is licensed,
- (2) the cruise ship is three nautical miles from the nearest port visited by the cruise ship, and
- (3) the main purpose of the cruise is something other than gambling.

**Section 2(b)** - Defines "cruise ship" and "offshore water of the state".

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# DIVISION OF LEGAL SERVICES

## LEGISLATIVE AFFAIRS AGENCY STATE OF ALASKA

(907) 465-3867 or 465-2450  
FAX (907) 465-2029  
Mail Stop 3101

130 Seward Street, Suite 409  
Juneau, Alaska 99801-2105

### MEMORANDUM

April 4, 1994

**SUBJECT:** Sectional Summary of SB 372.

**TO:** Senator Robin Taylor

**FROM:** Michael F. Ford *M.F. Ford*  
Legislative Counsel

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

**Section 1.** Prohibits a person from soliciting or receiving orders for delivery of an alcoholic beverage in local option areas. Allows a package store licensee who is located outside of certain option areas to receive orders for sales. Allows a package store located in certain local option areas to solicit or receive sales orders.

**Section 2.** Provides that possession of 12 gallons or more of malt beverages in a local option area where sale is restricted or prohibited creates a presumption that the alcohol was possessed for sale.

**Section 3.** Repeals a provision requiring that military personnel be in uniform in order to purchase alcohol in certain clubs.

**Section 4.** Technical amendment.

**Section 5.** Authorizes a package store licensee to sell alcoholic beverages to a person present on the premises or a person known to the licensee who makes a written solicitation. Imposes restrictions on liquor shipments, requires certain notice to the board, and requires certain health information be included in liquor shipments.

**Section 6.** Restricts liquor shipments to certain local option areas.

**Section 7.** Requires the director to give renewal notices to licensees whose licenses are expiring, requires the licensee to file a renewal application by January 1, and increases the penalty for late applications to \$500.

**Section 8.** Repeals provisions regarding denial of a new license in a municipality that has prohibited sale except by a municipal owned liquor store. Prohibits issuance of a new license or permit in certain cities or in an established village when certain local options are approved.

**Section 9.** Technical amendment.

**Section 10.** Repeals authority to deny relocation of a licensed premise when the relocation is to an area that has limited sales to community run licensees.

**Section 11.** Repeals authority to deny transfer of a licensed premise to another person when the relocation is to an area that has limited sales to community operated licensees.

**Section 12.** Amends the authority of the board to suspend or revoke a license or permit.

**Section 13.** Allows the board to impose conditions or restrictions on a license or permit.

**Section 14.** Amends provisions relating to population restrictions applicable to issuing or relocating a license.

**Section 15.** Authorizes local governments to impose restrictions on the sale, importation, or possession of alcoholic beverages through a local option election. Specifies the contents of the ballot question. Allows the municipality or established village to designate a delivery site for alcoholic beverages.

**Section 16.** Establishes a procedure for changing a local option.

**Section 17.** Establishes a procedure for removing a local option. Provides a priority for certain licensees for reissuing a license not renewed because of a local option election.

**Section 18.** Establishes the effect of a vote to prohibit the sale of alcoholic beverages. Provides for elimination of existing licenses.

**Section 19.** Establishes the effect of a vote to prohibit the importation of alcoholic beverages.

Section 20. Establishes the effect of a vote to prohibit the possession of alcoholic beverages. Provides for elimination of existing licenses.

Section 21. Establishes the effect of a vote to restrict the sale of alcoholic beverages. Provides for elimination of existing licenses that do not meet the restriction.

Section 22. Establishes the effect of a vote to prohibit the sale of alcoholic beverages, except on premises operated by the municipality. Provides for elimination of existing licenses that are not operated by the municipality.

Section 23. Establishes a procedure for adopting, changing, or removing a local option. Requires that notice of the results of the local option election be given.

Section 24. Provides for renewal and for specific expiration of a liquor license.

Section 25. Provides for issuance of a seasonal license.

Section 26. Prohibits a person from using a common carrier to transport liquor in an area with certain local option restrictions. Requires the shipping invoice to reflect the quantity and purchase value of specific beverages.

Section 27. Allows a person to transport certain quantities of liquor by common carrier and allows certain licensees to use a common carrier for transporting liquor into a local option area.

Section 28. Provides that a violation of AS 04.11.010 in an area that has adopted a local option is a class C felony.

Section 29. Technical amendment.

Section 30. Technical amendment.

Section 31. Technical amendment.

Section 32. Technical amendment.

Section 33. Allows community work to be performed at the direction of the body that has traditionally performed public functions on behalf of the entire community, when a local governing body does not exist.

Section 34. Technical amendment.

Section 35. Technical amendment.

Section 36. Provides that liquor or material and equipment used in selling liquor, in an area that has adopted a local option is subject to forfeiture.

Section 37. Technical amendment.

Section 38. Technical amendment.

Section 39. Technical amendment.

Section 40. Provides that an ordinance that limits the monthly amount of liquor that a person can import into the municipality is not inconsistent with AS 04.

Section 41. Allows a municipality that adopts a local option to make sale or importation of alcoholic beverages a misdemeanor.

Section 42. Technical amendment.

Section 43. Technical amendment.

Section 44. Provides that in a local option area, "alcoholic beverage" means certain liquids intended for human consumption by the person who possesses or attempts to possess it.

Section 45. Amends the definition of "established village".

Section 46. Technical amendment.

Section 47. Technical amendment.

Section 48. Technical amendment.

Section 49. Technical amendment.

Section 50. Technical amendment.

Section 51. Technical amendment.

Section 52. Technical amendment.

Section 53. Technical amendment.

Section 54. Repealers.

Section 55. Transition section for prior local options.

Senator Robin Taylor

April 4, 1994

Page 5

Section 56. Transition for community liquor licenses.

Section 57. Effective date.

MFF:pl

94-278.plm

**OFFICE OF THE GOVERNOR**

DIVISION OF ELECTIONS  
P. O. BOX AF  
JUNEAU, ALASKA 99811-0105  
PHONE (907) 465-4611

Position Statement  
SB 372

The division of elections supports this bill. The bill consolidates and clarifies language relating to liquor option elections conducted by this division. We believe it makes the language more understandable both to those who are conducting the election and to the voters. The bill also places some reasonable limitations, discussed below, on the number of elections that may be conducted in each place on the same question.

Section 16 contains a description of the question and other information which would be placed on a ballot, depending on the option being voted upon. This language combines the various liquor options into one section of Title 4 compared to the current four sections. The division of elections believes this makes the election process more understandable to everyone.

Further, subsection (d) requires some clarifying language to include on the ballot which, we believe, will make the question more understandable to the voter. The division of elections likely would ask the Alcohol Beverage Control Board to supply the appropriate explanations of the authority of specified licensees to sell alcoholic beverages. This language should be readable and understandable to lay persons.

Section 17 contains a descriptions of the question, which would be placed on the ballot, if the issue is the change or removal of current local liquor options. This language should help make it clear to the voters what the issue is before them. The division supports this language.

Section 23 provides that the lieutenant governor shall conduct

Mr. Joseph L. Swanson, Director

April 11, 1994

Page 2

elections under Title 15 if a petition is signed by 35% or more of the registered voters in an established village. The division of elections particularly supports the language in subsection (f) which clarifies that elections cannot be held more than once in a 12-month period either to remove or reduce an existing option. Also, an election will not be held until an option has been in force for 12 months. This language will prevent numerous elections in one place where the voters are relatively evenly divided on the issue.

The bill also contains language requiring the lieutenant governor to notify the Alcoholic Beverage Control Board of the results of an election in which the voters vote to prohibit, change, or remove a local option. This language makes a lot of sense, since the Board must take licensing actions to enforce the voter's decisions.

*Joseph L. Swanson, Acting Director for*

Joseph L. Swanson, Director

*April 11, 1994*

Date

4/12/94

SB 372  
Alcoholic Beverage Control Board

1. LOCAL OPTION

- |               |                              |
|---------------|------------------------------|
| Sec 16, pg 12 | a. menu of options           |
| Sec 17, pg 14 | b. change an option          |
| Sec 17, pg 14 | c. remove an option          |
| Sec 16, pg 14 | d. new                       |
|               | 1 - delivery site - regs     |
|               | 2 - catering permit - option |

2. TECHNICAL AMENDMENTS

- |               |      |   |
|---------------|------|---|
| Sec 1, pg 1   | New  | a. package store may not solicit or receive orders through an agent in a local option area. |
| Sec 3, pg 2   | New  | b. delete military uniforms in clubs - same as HB 504.                                      |
| Sec 5, pg 2   | New  | c. package store licensees can ship only to the purchaser.                                  |
| Sec 6, pg 3   | New  | d. may not ship 150 proof alcohol   |
| Sec 7, pg 3   | New  | e. non-renewal by 12/31 - stay open but penalty increases from \$100 to \$500               |
| Sec 24, pg 19 |      |   |
| Sec 13, pg 10 | New  | f. board may impose restrictions on a license   |
| Sec 15, pg 12 | Tech | g. local governing body may protest annually  |
| Sec 25, pg 19 | Tech | h. makes half-year licenses biennial to agree with current law                              |
| Sec 23, pg 19 | Tech | i. notice of elections by certified, not "registered" mail                                  |
| Sec 40, pg 25 | New  | k. limit importation amount by ordinance  |
| Sec 44, pg 26 | Tech | l. expands definition of alcohol to include any alcohol intended for consumption            |

COST FOR BY-MAIL ELECTIONS FOR SB372

The following is a cost estimate for a by-mail local option election in unincorporated areas. Cost estimates are based on 100 voters, as we order ballots in pads of 25 and allowing for additional registration.

Personnel:	Estimated Cost:
Absentee Voting Official available in the city 15 days before the election. (Flat fee of \$50.00 for each city)	Total \$50.00
1 hour for person to post 40/10 Posters (Total \$8.00 Per Hour)	Total \$40.00
District Absentee Review Board... 1 City	Total \$40.00
State Review Board (four board members) \$12.50 Per Hour	Total \$50.00
Total Cost for Personnel:	<u>Total \$180.00</u>

Outreach/Advertising:	Estimated Cost:
2 - 40/10 Posters per city (Approx. \$2.00 per poster)	Total \$ 4.00
Printing Advance Flyer (approx. 100 voters) (.15 a copy x 100)	Total \$15.00
Newspaper, radio or RATNET advertisement (Newspaper Display Ad is 4" x 4" at \$112.00 ea.)	Total \$560.00
General Instructions to voters to be included with the ballot. (Based on 100 card at \$1.00 ea.)	Total \$100.00
Total Cost for Advertising:	<u>Total \$679.00</u>

COST OF LOCAL OPTION  
ELECTIONS

Cost for by-mail elections

Ballots:

Ballots for all registered voters (Ballots ordered in pad of 25, 100 at \$.74 ea)	Total \$74.00
Ballots for each regional offices to act as absentee voting officials. 25 ballots for each election, which can be distributed, 5 to each area. (\$.74 x 25)	Total \$18.50
Sample ballots for all elections (Approx. 25 at \$1.00 ea)	Total \$25.00
Total cost for ballots:	<u>Total \$117.50</u>

Postage:

Postage for mailing Advance Flyer (mail first class, \$.29 x 100) or to number of registered voters at time sent	Total \$29.00
Mailing ballots to all registered voters, (based on 500 x \$.29) Mailed first class	Total \$29.00
Shipping charged for sending ballots and materials to the city. (Alaska Airlines Goldstreak) \$25.00 a box	Total \$ 25.00
Total Cost for Postage/shipping	<u>Total \$83.00</u>
Grand Total	\$1059.50 or \$1.06

# FISCAL NOTE

STATE OF ALASKA  
1994 LEGISLATIVE SESSION

BILL NO. SB 372

Revision Date: \_\_\_\_\_ Dept. Affected: Revenue  
 Title: Alcoholic Beverages: Local Option and Miscellaneous BRU: Alcoholic Beverage Control Board  
 Component: \_\_\_\_\_  
 Sponsor: Senate Judiciary by Request  
 Requestor: Senate Community & Regional Affairs Committee COMPONENT SERIAL NO. 0100

**Expenditures/Revenues:** (Thousands of Dollars)

OPERATING	FY95	FY96	FY97	FY98	FY99	FY00
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	0.0	0.0	0.0	0.0	0.0	0.0
SUPPLIES	0.0	0.0	0.0	0.0	0.0	0.0
EQUIPMENT	0.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES	0.0	0.0	0.0	0.0	0.0	0.0
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
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<b>REVENUE FUND SOURCE: *1005</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
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**FUNDING:** (Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match						
1004 GF						
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**POSITIONS:**

<b>FULL-TIME</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>PART-TIME</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>TEMPORARY</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of current year (FY94) impact: \$ 0.0

**ANALYSIS:** (Attach a separate page if necessary.)

\*Possible revenue increase from penalties under AS 04.11.270(b)(2) for late filing of renewal applications.

Prepared by: Director, Patrick L. Sharrock Phone: (907) 277-8638  
 Division: Alcoholic Beverage Control Board Date: March 31, 1994  
 Approved by Commissioner: Darrel J. Rexwinkel Date: \_\_\_\_\_  
 Agency: Department of Revenue

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FISCAL NOTE

STATE OF ALASKA  
1994 LEGISLATIVE SESSION

BILL NO. SB 372

Revision Date: \_\_\_\_\_ Department Affected: Office of the Governor  
 Title: AN ACT RELATING TO COMMUNITY LOCAL  
OPTIONS FOR CONTROL OF ALCOHOLIC BEVERAGES.BRU: Division of Elections  
 Component: Elections  
 Sponsor: Judiciary by Request  
 Requestor: \_\_\_\_\_ COMPONENT SERIAL NO. 21

EXPENDITURES/REVENUES:

OPERATING	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
PERSONAL	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	1.06	1.06	1.06	1.06	1.06	1.06
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND &	0	0	0	0	0	0
GRANTS,	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL	1.06	1.06	1.06	1.06	1.06	1.06

CAPITAL	0	0	0	0	0	0
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REVENUE	0	0	0	0	0	0
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FUNDING:

1002 Federal	0	0	0	0	0	0
1003 GF Match	0	0	0	0	0	0
1004 GF	1.06	1.06	1.06	1.06	1.06	1.06
1005 GF/Program	0	0	0	0	0	0
1008 GF/MHTIA	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	1.06	1.06	1.06	1.06	1.06	1.06

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year (FY94) impact: 0

ANALYSIS: (Attach a separate page if necessary.) PLEASE SEE ATTACHED FOR FISCAL DOCUMENTATION:

Prepared by: Joseph L. Swanson, Director  
 Division: Division of Elections

Phone: 465-4611  
 Date: APRIL 7, 1994

Approved by Commissioner: John B. Coghill, Lieutenant Governor  
 Agency: Office of the Governor

Date: APRIL 7, 1994

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